



THE CHRISTIAN HEALTH ASSOCIATION OF LIBERIA

Strategic Framework 2022 - 2025

Report on the development of the strategic framework

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Acknowledgements



Difäm started to work with CHAL, the Christian Health Association of Liberia, in 2014 at the height of the Ebola epidemic in Liberia. Specifically, Difäm has assisted CHAL in the establishment of a drug supply unit and the strengthening of pharmaceutical services. Besides various other health projects, an e-learning programme was established to improve quality of care especially at hospital level. During the Covid-19 pandemic, Difäm supported CHAL through supplies and the strengthening of preventive and curative services for communities and health facilities.

In November 2021, CHAL approached Difäm to support them in the development of a new strategic framework, which I took, on based on the experience of the past eight years. Rebekka Gerstner, our M&E consultant supported me through the online survey and the analysis of data, which I am very grateful for. It has been a fruitful process and I would like to thank all stakeholders for sharing their views and for the open and frank discussions. Specifically, I would like to thank the ED, Mrs Patricia Kamara for her willingness to participate and to look at strengths and weaknesses of the organisation in order to develop the organisation further. I also would like to thank the president of the Board, Mr. Kerson Saykor for his participation and the great contribution he and other members of the Board made during this whole process. I am also grateful for the contributions that leaders of member facilities made as well as all members of staff who shared their experiences in a very open manner. This allowed us to come up with solutions that will strengthen the work of CHAL and bring better health care to the people of Liberia.

I am also indebted to the Deputy Minister of Health, Ms Nowu Haword, who gave her input into this process and who is actively involved as a member of the Board, representing the Ministry of Health. It was a privilege to meet Bishop Kortu K Brown who is the President of the Liberian Council of Churches. He sent the General Secretary of the LCC as representative to the strategy workshop who made important contributions to the strategic framework.

It is our wish and prayer that this new strategic framework will assist the ED and the Board to continue to lead the organisation into a new phase of more sustainability and strengthen the ministry of health & healing in Liberia.



“Dedicated to the healing ministry of our Lord and Savior Jesus Christ through advocacy, facilitation and providing holistic Christian health care services to people in Liberia.”

Strategic Plan

1. Background

The Christian Health Association of Liberia (CHAL) is a network of faith based health facilities in Liberia with 75 members. CHAL's member institutions serve some of the most vulnerable populations in both rural as well as highly populated urban areas. CHAL provides support to its member facilities through advocacy, training, supervision as well as community based programmes seeking to improve health service delivery as close to home as possible. Since 2016, CHAL has developed a Drug Supply Unit that seeks to provide high quality drugs at an affordable price to its members.

Historically¹, CHAL played a significant role in improving the health care of Liberia through service delivery of its member institutions, procurement and distribution of medicines and supplies and community-based programs. Since the end of the civil war, CHAL's capacity was not fully restored until the Ministry of Health (MoH) and some partners called for a revitalisation of CHAL in 2013. This happened at the wake of the Ebola crisis and so the first challenge for CHAL was the management of the Ebola crisis for its member health facilities.

With support from Diakonie Katastrophenhilfe (DKH) and the facilitation of Difäm, CHAL enabled its member institution to get through a very difficult time of the epidemic. During the Ebola crisis, CHAL organised and distributed drugs and medical supplies to its members effectively. Therefore, member institutions requested that CHAL should re-establish a Drug Supply Unit. John Snow (USA) and ActionMedeor (Germany) conducted feasibility studies in 2015/2016 based on which the DSU was started. Initially, a small unit was opened in Monrovia and in 2019, through funding from BENG²/Germany, a new drug depot was opened in Bong County that gives access to rural member facilities. The DSU is supported through Bread for the World³ and Difäm⁴, with some additional drug donations from various donors.

Today the DSU provides drugs and medical supplies from the essential drug list of Liberia to member facilities and others. At present, the DSU imports its drugs from a single supplier in the Netherlands. At the same time, the DSU strengthens facilities in their capacity to manage and dispense drugs in a professional and efficient manner. It has the potential to become a sustainable wholesaler in Liberia. However, there are obstacles to overcome, especially in rural areas, where access both geographically and financially, especially for small CHAL member facilities, is a challenge.

Bread for the World (BftW) supports CHAL in its institutional capacity and in programmatic areas such as maternal and child health, improved infrastructure for member institutions as well as primary health care activities at community level. Organisations such as CCIH, IMA, CRS, Plan International and others supported CHAL programmatically with various projects but unfortunately none of these projects led to lasting partnerships that contribute to CHAL core funding.

Besides donor support, CHAL has local income through membership fees of its 75 institutional members. However, many of the health facilities are struggling to make ends meet, so contribution to core costs through membership fees are small and cover not more than 2% of the CHAL budget.

CHAL is organised with a head office in Monrovia and the presence of County Field Officers (CFO) in 5 of 11 counties with CHAL members which strengthens the FBO sector in the public health system.

¹ Prior to the Civil wars: (1989-1997 and 2000-2003)

² bengo.engagement-global.de

³ www.brot-fuer-die-welt.de

⁴ Difäm e.V.: German Institute for Medical Mission (www.difaem.de)

CHAL is also contributing to training and has established e-learning facilities for hospitals since 2016. This allows staff to access continuous medical education while at the work place and improves the quality of care. These programmes were initially funded by GIZ/Germany and later taken on by Bread for the World.

However, the Covid-19 Pandemic has caused many disruptions in health care delivery and the socio-economic impact has increased poverty levels in both rural and urban areas, which puts an additional burden on the FBO sector and the ability to pay for services or drugs.

In the light of these challenges, CHAL requested Difäm to assist with the development of a strategic plan that will address strategic and institutional issues and allow CHAL to become a sustainable organisation that can use its full potential to make health care more accessible to the people of Liberia.

2. CHAL's VISION and MISSION

CHAL is an organisation built on Christian values that was established in 1975. The mission is:

“Dedicated to the healing ministry of our Lord and Savior Jesus Christ through advocacy, facilitation and providing holistic Christian health care services to people in Liberia.”

In order to fulfil its mission, CHAL has worked with four core aims and objectives:

- **Provide and encourage the highest standard of Christian health care for people in Liberia.**
- **Engage in joint planning and cooperation with Government in providing and sharing information, developing strategies and sharing available health and other resources.**
- **Identify and define common health needs and to cooperate in efforts that meet such needs.**
- **Raise funds locally and internationally, acquire and use materials, machines and other resources and do all things that are legal for the survival and sustainability of a non-profit organization.**

These core objectives were revised in 2015 and were reiterated during the General Assembly in 2016. They summarise the understanding of the role of CHAL as network that seeks to improve the quality of health care in Liberia in all its member facilities and engage with the Ministry of Health in their ambition to achieve UNIVERSAL HEALTH COVERAGE by 2030.

The purpose of the newly developed strategic plan is therefore to look at CHAL as an organisation and its contribution to these high aims and objectives. The aim is to develop a results framework that will formulate concrete outcomes that will help CHAL in its operations.

3. Methodology:

1. A desk review was conducted and the following reports were included into the analysis:

Annual Report 2020	CHAL	2021
Strategic Plan 2016 - 21	F. Dimmock, IMA ⁵	2015
Institutional Assessment 2020	Karin Döhne	2020
Project Reports Bread for the World	CHAL	2021
CCIH Organisational Analysis	CCIH	2021

2. Questionnaires using open-ended questions were sent to Member care facilities and Board Members to get their feedback on the work that CHAL does and how they see the role of CHAL in the future.
3. Key informant interviews with selected persons were held:
 - a. Deputy Minister of Health, Ms. Norwu Howard
 - b. President of the Liberian Council of Churches. Bishop K. Brown
 - c. President of the Board: Mr. K. Saykor, Administrator of Phebe Hospital
 - d. Dr. Sibley, Medical Director of Phebe Hospital
 - e. Participants from the E-Health project
4. Meetings with staff and Managers of Staff
 - a. Mrs. Patricia Kamara, ED of CHAL
 - b. Mr. Elijah Crusoe, Project Manager
 - c. Mr. Harris Johnson, Financial Consultant for CHAL
 - d. Mr. Clifford Daitouah, Logistics Manager
 - e. Mr. William Togba, Manager of the DSU
 - f. Mr. E. Koiboi, Supply Chain Manager at Gbarnga DSU
 - g. Staff members at Monrovia and Gbarnga
 - h. County Field Officers working in Lofa, Nimba, Bong, Grand Bassa and Montserrado

The information was collected, analysed and results presented during a two day strategy workshop. Strategic objectives were identified and prioritised using participatory methodology. After the workshop, additional meetings were held with Board and management to further develop the strategic framework and identify the outcomes and targets for the coming three years.

This report presents the highlights of the findings from the analysis and the strategic objectives that were developed in a participatory manner.

4. Context of the Strategic Plan

Liberia with a population of 4.5 Mio people is one of the poorest countries in the world and ranks 175th place out of 188 on the HDI⁶. However, HDI classification is based on data gathered before the Covid-19 crisis and it is estimated that poverty levels have risen further during the past 2 years.

Indicators are the number of young people who are out of work and lack perspectives, the number of adolescents that have dropped out of school due to economic reasons and are not able to return to schools after the restrictions of the Covid-19 pandemic were lifted. Food prices are rising steadily, making it difficult for families to meet their daily needs. In addition, the price for diesel and gasoline has increased by up to 50% since the beginning of the war in Ukraine. Whereas the gallon of diesel

⁵ IMA:

⁶ HDI: Human development Index (Life expectancy, Level of Education and GDP)

cost ca. 600 LBD before the war, it is now sold for 900 LBD. This makes transport so much more expensive and difficult.

Road conditions in rural areas deteriorated. Participants of the WS from Lofa county reported that it takes them at least two days to travel to Monrovia, which before was possible to do in 12 hours. This may even get worse during the rainy season, which may disrupt drug supplies and make patient referrals nearly impossible.

After the Ebola crisis in 2016, the country adopted Liberia's National Health Policy and Strategic Plan, which called for the "Building of a Resilient Health System" (2015–2021) (MoH). However, there are many challenges and both public facilities as well as Faith Based Facilities, which are often facing a shortage of drugs. Also, the retention of highly qualified health workers, especially in rural areas, is a problem. Health indicators reflect this. For example, the Maternal Mortality Rate⁷ is very high with 661 women/100.000 live births, despite the fact that 87% of women have at least four antenatal care visits and 84% are delivering with a skilled birth attendant⁸. UNICEF has identified that 34% of young women have their first child before the age of 18 years⁹. These are worrying facts and call for addressing these issues and a strengthening of the health system that can be sustained.

The government of Liberia through the Ministry of Health is committed to the sustainable development goals (SDG) with the aim of achieving universal coverage by the year 2020. The Deputy Minister of Health highlighted the need for the faith-based sector to complement government's efforts in achieving UHC. She specifically underlined the importance for CHAL to share the experiences with the successful implementation of drug revolving funds at hospital level with the public sector.

Therefore, strengthening the faith-based sector in improving the quality of health care seems to be of great importance and CHAL, as the largest network of faith-based health institutions in Liberia, is playing an important role in doing so.

5. Findings from the questionnaires and interviews

Prior to the visit, questionnaires were sent out to those member health facilities that could be reached by county field officers (ca. 40 facilities) as well as to members of the Board. Five out of eleven Board Members responded to the questionnaire as well as twelve facilities. All questionnaires were sent digitally and returned via e-mail.

The following observations were made:

All health facilities reported that they benefited from CHAL in the past 5 years. On a scale from 1 to 5 (1 not important and 5 very important), the improvement of IPC at the health facility was appreciated (4,4) and drug donations as well as drug sales were very high on the agenda (4,3).

The role of CHAL as an advocate for health was equally important (4,1), and the connection of CHAL to donors was very much appreciated (3,8). The training for health workers was an additional asset that member health facilities appreciated.

Furthermore, the member health facilities see the governance structure and regular meetings of CHAL as a strong point and appreciate the presence of field officers at county level very much. Similarly, the training and capacity building done by CHAL is seen as a strength of CHAL and the

⁷ Number of women dying during pregnancy, childbirth or the postnatal period.

⁸

⁹ [Liberia \(LBR\) - Demographics, Health & Infant Mortality - UNICEF DATA](#)

development of the DSU and the prompt delivery of goods from there. The communication with the member facilities and the community engagement are also seen as a strength (see Annex III).

For all the Board Members, the DSU is a key factor for CHAL. It provides access to good quality drugs and the members of the Board see that the DSU has the potential to become more sustainable and will ensure that essential drugs are available at an affordable price.

The weaknesses highlighted by the member facilities include the donor dependence and the limited publicity of the work of CHAL both at national and international level. They also highlighted a lack of regular visits to member care facilities.

Member facilities also wished that CHAL would conduct more appraisals with its member facilities and give additional training. Some facilities find the cost of medicines at the DSU too high and they wish to have more support in terms of other supplies. Another area that is mentioned is the collection of data for the HMIS, where member units wish to be supported more effectively (for details see Annex).

6. Results of the SWOT Analysis during the Strategy Workshop

During the workshop, participants articulated very clearly how proud they are to be part of CHAL and that they feel privileged to work in an organisation that works based on Christian values in health care and creates “a family atmosphere” for all who work there.

A number of participants mentioned the importance of the advocacy role of CHAL within the country. The highest rating, however, was given to the good pharmaceutical services that are provided. This leads to an improvement in the quality of care that is available, especially in rural areas.

The following points were highlighted as **specific achievements of CHAL** during the past 5 years:

The organisational capacity was strengthened and the Board is proactive in its governing responsibility of the organisation. The collaboration with the MoH was intensified and today CHAL is represented on a number of important committees giving a voice to the FBO sector in public policy. The representation of CHAL at county level is also seen as very important to the member facilities. Due to this collaboration with the county health teams it is possible to conduct support supervisions for the health facilities on a regular basis and faith based facilities are better integrated into the public health system.

The biggest achievement, however, is the establishment of the DSU and especially the depot in Gbarnga (Bong County) which gives access to drugs in rural areas. In addition, the establishment of DRFs¹⁰ for several hospitals is seen as the way forward (for details see Annex).

In addition, a number of **strengths were identified** such as

- Community engagement and commitment to primary health care
- Branding of CHAL and the reputation the organisation has with government and other stakeholders
- Regular meetings and communication with members and its governance structure with an active Board
- Training opportunities that are given through CHAL
- Restoring consumer and community confidence in CHAL as an organisation.

Ecumenical

¹⁰ DRF: Drug Revolving Fund

The following **weaknesses were identified** during the workshop:

Four participants highlighted the lack of visibility and poor publicity as a weakness of CHAL. “Many people do not know what CHAL does”. Similarly, participants highlighted the problem that CHAL depended so much on donor money. The fact that there were only two longer term donors left, gave rise to concern. At the same time, there are limited local resources that can be raised.

In addition, the problem with timely and accurate donor reporting was highlighted as well as the lack of good financial management and the lack of a business plan specifically for the DSU. On the side of the facilities, the lack of ownership of the DSU as their drug depot was mentioned and the fact that there can be long lead times for the availability of certain drugs at the DSU due to long supply chains as drugs are imported from Europe.

The fact that the MoH appreciates the work of CHAL in general, and the work of the DSU in particular, was highlighted as an opportunity, as well as the fact that CHAL is represented on certain committees such as the HSCC¹¹ and the health committee at the Liberian Council of Churches.

The Establishment of the Healthcare Federation of Liberia was mentioned as an opportunity and at the same time noted as a threat to CHAL. The Healthcare Federation of Liberia was founded in 2020 and brings together mainly private health care providers.

Waning donor confidence was clearly identified as a threat as well as the fact that there are two faith based networks: The National Catholic Health Council with its 23 catholic health facilities is acting separately to the CHAL network. This may weaken the voice of FB institutions. Equally, it can become a threat if FB facilities and networks compete for donor resources. It will be important to find ways of collaboration that will create synergies and increase funding for both the networks and the facilities. Details of the SWOT Analysis are found in the Annex.

7. CHAL at 2025

In order to develop a strategic framework for CHAL, participants, divided into their interest groups, were asked to formulate how they would want to see CHAL at its 50th anniversary in 2025.

Representatives of all stakeholders agreed that CHAL should be a strong and sustainable network that strengthens its members in providing quality health care. CHAL should be the provider of essential quality drugs for the faith-based sector and enable hospitals to sustain their drug supplies through drug revolving funds.

CHAL should also strengthen the health sector through training and the use of digitalisation. It should strengthen its advocacy role based on data and feedback from support supervision.

CHAL as an organisation should be well established with excellent financial and programme management capacity that will sustain various programmes and projects through multiple-donor funding and additional local resources.

Results Framework for the Strategic Plan CHAL 2022

Based on this understanding, a results frame was developed that looked at organisational capacity building, the strengthening of health care delivery through member institutions, and the provision of quality drugs at an affordable price as part of the UHC goal.

¹¹ HSCC: Health Service Commission

8. Strengthening CHAL Management and Programme Implementation

The first strategic objective:

CHAL fulfils its mission of providing holistic care to the people of Liberia through an effective grants management system that supports its members at county level in improving quality of health care.

The situational analysis highlighted that CHAL's capacity in terms of attracting donor money and reporting on international grants is limited. As CHAL is looking towards attracting international funding, it is necessary to build up a "grants management unit" that can apply for funds, implement and administer projects in an efficient and timely manner and report on them appropriately. Therefore, CHAL needs to re-organise its financial and programme departments to ensure that multiple projects can be implemented and administered. Such projects must address identified health needs and respond to member facilities in order to improve quality of care.

At present, there are two major projects addressing maternal and child health issues as well as pharmaceutical services. Participants identified additional issues such as neonatal health, infectious diseases, surgical emergencies, or teenage pregnancy to name just a few. It is the aim to develop at least 3 additional project partnerships that will contribute to the improvement of quality of health care and, at the same time, strengthen CHALs programme department.

In order to achieve this, the administrative capacity must be increased. The Board, together with management, will need to establish the position of a financial manager as well as strengthen programme management in order to achieve these results. With the county field officers, CHAL has an important instrument of programme implementation that can reach the implementation level.

Such a development will need to strengthen the capacity for monitoring, evaluation, accountability and learning. It is based on data gathered from member facilities and communities that are collected, collated and analysed at the programme level. In addition, such a system brings accountability and allows all those who are part of the project, to learn together and improve performance. The newly established grants management unit can implement such combined accountability and learning (MEAL¹²) that will allow the organisation and its members to become more effective in what they do.

As a monitoring tool for the quality of care, the Ministry of Health has established an integrated support supervision. On a quarterly basis, members of the county health team, together with County Field Officers, visit health facilities and assess quality of care in various departments, using a nationally administered score. It is envisaged that CHAL facilities will reach at least a score of 75 during the quarterly visits by the county health teams.

CHAL with its work on improved access to drugs and the training of dispensers at facility level, can add capacity on the monitoring of pharmaceutical services. CFOs should be trained so that this can be included in the integrated support supervision.

CHAL has established an e-learning facility at least for six of its hospitals. Such a learning facility can contribute to the improvement of quality of care. This capacity should be increased and expanded so that all members of staff have the opportunity to learn more and build knowledge and understanding on issues such as IPC, antimicrobial stewardship or even aspects of disease management on various levels. It is the aim that at least seven of nine hospitals will use this tool to improve quality of care.

¹² MEAL: Monitoring, Evaluation, Accountability and Learning

Table 1 Strategic objective I: Strengthening CHAL management and programme implementation:

	Narrative	Indicators
Strategic Objective I	CHAL fulfils its mission of providing holistic care to the people of Liberia through an effective grants management system that supports its members at county level in improving quality of health care.	
Outcome 1.1	CHAL has established a project and financial management system that acquires grants at national and international level	By the end of 2025 the grants management team has established 3 additional donor partnerships with projects that run at least over a 3 year period
		By the end of 2025, CHAL has acquired additional grants that contribute 50% to the programme budget.
Outcome 1.2	CHAL member facilities have improved quality of care based on relevant projects developed and implemented at health facility, community or county level in collaboration with CHAL.	By the end of 2025, at least 40 CHAL member facilities are exhibiting quality health services measured by a score of 75% of the MoH Joint Integrated supportive supervision.
Outcome 1.3	CHAL member facilities have improved quality of care through training, supervision and mentorship programmes using on site and digital means.	7/9 CHAL member hospitals use e-learning as a means of CME in their facilities
Outcome 1.4	CHAL provides training for long serving local staff that will improve quality of care and reduce staff attrition.	Staff attrition is reduced by 20% at hospitals and major health centres
Output 1.5	CHAL has functional MEAL ¹³ & financial control systems in place that will ensure timely reporting according to donor requirements	90% of all donor reports arrive in a correct and timely manner at the end of 2025
Output 1.6	County field officers are actively involved in programme implementation in collaboration with member H/F, the DSU and County health teams	CHAL implements at least 5 projects addressing actual health needs annually.
		The Grants manager receives timely reports from CFOs with relevant data from health facilities, communities and the DSU on a quarterly basis

¹³ MEAL: Monitoring, Evaluation, Accountability and Learning

9. CHAL Networking and Advocacy

The role of CHAL as an advocacy network is well recognised. CHAL is represented at the MoH in various committees and the Liberian Council of Churches also recognises CHAL as an important player. However, general visibility in the public space is not very effective due to the lack of a communications officer.

The advocacy role of CHAL rests with the Executive Director who represents CHAL at national and international level. CHAL is the voice of the network and speaks for its members. The secretariat advocates for increased contribution by the public sector for the delivery of health care in the FBO sector.

At the same time, CHAL is the voice of Christian health care within the Liberian council of churches. It is important that the “healing ministry” as a part of the ministry of the church, is upheld within the churches. This is especially important as members of local congregations are affected by the recent Covid-19 pandemic and many are challenged in the access to health services. Therefore, CHAL must speak on behalf of poor and vulnerable groups and strengthen the access to care also for these target communities. Such advocacy must be based on reports, data and reflect the situation in communities.

Also on a regional and international level, CHAL plays an important role. As a member of the African Christian Health Association Platform (ACHAP) it can advocate for international support e.g. through the WCC¹⁴ or the ACT¹⁵ International to mention just two options. Such engagement will help to make the work of CHAL more visible and allow for strengthening of the network through international agencies.

During the strategy workshop, the following strategic objective was formulated:

CHAL is a recognised partner in health to the MoH, the Liberian Council of Churches and other partners through advocacy and networking at national, regional and international level

The results frame highlights the importance of data and valid reports for an effective advocacy work. It also sets targets for the contribution of the government to CHAL and its member facilities.

Table 2 Results framework the advocacy work of CHAL

	Narrative	Indicators
Strategic Objective 2	CHAL is a recognised partner in health to the MoH, the Liberian Council of Churches and other partners through advocacy and networking at national, regional and international level	
Outcome 2.1	CHAL’s advocacy is based on relevant data reported from CHAL member facilities and CFOs through the HMIS system	CHAL annual report and other publications are based on data of supervisory visits and/or the HMIS that reflects a true picture of the quality and quantity of health care provided by CHAL member

¹⁴ WCC: World Council of Churches

¹⁵ ACT: Alliance of Churches together ([About | ACT Alliance](#))

		facilities in Liberia.
Outcome 2.2	CHAL has successfully advocated for increased governmental support as well as support from congregations and denominations to CHAL and/or its member facilities	By 2025, the government of Liberia through the MoH has continued its subsidy of 150.000 US\$ to CHAL over 3 years
		The Liberian government has increased the support to CHAL member facilities by 30%
Outcome 2.3	CHAL is actively participating and contributing to the ecumenical movement of health and healing	Annually, CHAL contributes at least 2 publications or conference contributions in health & healing.
Output 2.4	CHAL represents the FB health service providers in relevant committees at national level.	CHAL actively participates in at least at 80% of relevant meetings e.g. the Health Sector coordination committee (HSCC) at the MoH and the DSU is represented at 80% of relevant meetings e.g. of the LMHRA
		CHAL is represented at least in 6/15 county health teams
Output 2.5	CHAL is regularly subscribing to national and international (Christian) networks	Annual renewal to EPN, ACHAP, CCIH and other networks are paid in a timely manner

10. CHAL Secretariat Sustainability

Besides strengthening CHAL in its programme and management capacity, all stakeholders agreed on the importance of local resources and contributions, which are important for ownership and sustainability.

In this regard, the participants agreed that within 3 years, CHAL should envisage to reach at least a 25% contribution to core costs locally. This is also important as international donors very often request such a local contribution.

The strategic objective was formulated as follows:

CHAL has increased sustainability through internally generated funds of at least 25% of its administrative costs through an asset management system and local fundraising strategies.

As one way forward, it was suggested that CHAL should be approaching various churches on their contribution to CHAL. The aim is, that at least 5 denominations will participate and give an annual contribution to CHAL. This can happen through any means that they wish. For example, a health & healing Sunday where giving goes towards CHAL, or other activities or fundraising events within the

churches. CHAL must create such opportunities and communicate with churches accordingly. Board Members can play an important role to really make this happen.

CHAL has also acquired assets such as land or a compound in Monrovia. It is important that all those assets are managed in a way that they contribute to core funding of the organisation through rent, sales or other activities. Therefore a central asset management system must be started. An asset manager should be appointed among the staff who takes responsibility for these issues. The asset manager should report to the Executive Director who in turn will report to the Board to ensure that all efforts are made, to use such assets as resource for local funding contribution.

Table 3 Framework for CHAL Sustainability

	Narrative	Indicators
Strategic Objective 3	CHAL has increased sustainability through internally generated funds of at least 25% of its administrative costs through an asset management system and local fundraising strategies	
Outcome 3.1	By 2025 CHAL will have increased her administrative contribution from 2% to 15% through internally generated funds	By 2025 at least 5 denominations will have contributed 2% to CHAL annual administrative budget
		Annual membership fees contribute 5% of administrative costs (Baseline: 2%)
Outcome 3.2	CHAL has established an Asset Management system that contributes to CHAL core costs.	The newly acquired CHAL premises contributes annually about 15.000 USD to core costs.
		The CHAL Asset portfolio increased by 15% by the end of 2025
		The annual financial report to the AGM reflects a true picture of CHAL’s programmes and assets. (audited)

11. The Drug Supply Unit (DSU) as a wholesaler:

CHAL is well known for its Drug Supply Unit. Having access to essential drugs of good quality is the back bone of quality health care. CHAL has developed a DSU over the past six years and is in the process of strengthening the drug supply and dispensing system of the member facilities. In addition, CHAL is a member of the Ecumenical Pharmaceutical Network and therefore has access to information and resources at regional level and can learn from the experience of an Africa-wide network of DSUs.

During the strategy workshop, it became clear that it is necessary to manage the DSU as a business and to put all efforts in broadening its approach and ensuring that a core supply of drugs is available at all times.

The CHAL DSU will be recognised as wholesaler in Liberia and its unique selling point is quality drugs at an affordable prize. At present, CHAL has the DSU, but so far, there are problems with getting enough drugs in good time and being able to offer them at a competitive price.

The following strategic objective was identified:

The CHAL DSU is a recognised wholesaler in Liberia for quality essential medicines that effectively implements sales and services.

As a first step, CHAL DSU will need to make a business plan developed as guiding tool in developing the DSU further. Terms of reference for such a plan must be developed and an agency hired that will support the development of such a business plan. The business plan must look at the local market and the opportunities that are there, in order to run the DSU sustainably.

In addition to being able to have more drugs available, there must be a diversification of suppliers. CHAL wants to get in touch with manufacturers that may be interested in providing quality drugs for the Liberian market. CHAL will benefit here from the experience of other DSUs in Africa. EPN and other partners have a database that can be used in identifying possible manufacturers. Strengthening partnerships and developing business relationships with manufactures will ensure improved drug availability. That will be an important step towards becoming a sustainable wholesaler.

In order to increase the efficiency of the management of the DSU, CHAL will install a Logistics Management System or an Enterprise Resource Planning System (LMS/ERP). Contracts for this are established and the funding is secured. This will assist staff to manage supplies and ensure timely orders and a reduction in the number of drugs that are close to their date of expiry. It also will be important for the coordination between the central store in Monrovia and the store in Gbarnga.

Based on a business plan, a digitalised store management and procurement system, a diversification of suppliers and an effective marketing system, the CHAL DSU can become a recognised wholesaler. With a tiered pricing system for members and non-members it may even be more attractive for members to buy from CHAL and therefore it may contribute to higher ownership with the member institutions.

Table 4 Results-framework for the DSU as Wholesaler

	Narrative	Indicators
Strategic Objective 4	The CHAL DSU is a recognised wholesaler in Liberia for quality essential medicines that effectively implements sales and services	
Outcome 4.1	CHAL DSU is an established wholesaler that can sustain itself	By the end of 2024, CHAL DSU breaks financially even and by the end of 2025 starts making profit.
Outcome 4.2	CHAL DSU has increased its customer base and satisfaction	By the end of 2025, key customers get 80% of their requested drugs or medical products at the CHAL DSU
Outcome 4.3	CHAL has established collaboration with multiple recognised manufacturers	By end of 2025, three contracts with audited manufacturers are signed.
		20 core products are sourced in

		bulk from the new manufactures.
Outcome 4.4	The DSU has a reliable digital system for forecasting, quantification and financial management	Annual expiries are reduced by 50% by end of 2025
Output 4.5	A three year business plan is developed by June 2022 and is acted upon	By June 2022 a 3 year business plan is adopted and applied in the annual planning of the DSU
Output 4.6	The software is implemented and functional	Quarterly profit and loss statements are presented to the Board.

12. Strengthening pharmaceutical services:

With this strategic objective, CHAL is looking at the pharmaceutical services at the member facilities. The overall goal is:

CHAL member facilities have quality drugs available at an affordable price that will improve health service delivery even in rural areas.

Here we are looking at two levels of pharmaceutical services. At the level of primary care facilities (clinics and small health centres) it is the aim, that they will be provided with drugs through the DSU. At the same time the county field officers will play an important role in supervising quality of management of drugs (storage, dispensing, ordering and documentation etc.) at the level of the primary care facilities. So far, many clinics buy their drugs at the local market and in some instances do this on a daily basis. There can be no assurance of quality, and availability cannot be secured.

This strategic objective will look at improving the drug management skills at the clinic levels. CFOs will play an important role in terms of supervision, on the job training and mentoring for the staff who look after the small dispensaries. It may even be possible to use CFOs to distribute drugs to primary care facilities in order to make procurement easier.

On a second level, CHAL DSU will assist the hospitals and major health centres to develop drug revolving funds. The DSU will develop standard operating procedures for the establishment of such DRFs and ensure that they are implemented at various facilities. The MoH is even interested that CHAL will take on such a responsibility for public facilities. This could be a real opportunity to bring the capacity that CHAL can provide and increase drug availability at a broader level.

The implementation of the pharmaceutical projects must make use of the knowledge and experience of the DSU. However, as the DSU staff is needed for the management of the DSU with its stores in Gbarnga and Monrovia, CHAL needs to look at using the CFOs as part of the implementation arm of the pharmaceutical projects at health facility level. Capacity must be built among those staff members and roles and responsibilities clearly defined with the CFOs, the field coordinator, the grants manager and the lead person in the DSU, so that an effective collaboration will be possible.

Table 5 Results frame for pharmaceutical projects for CHAL member facilities

	Narrative	Indicators
Strategic Objective 5	CHAL member facilities have quality drugs available at an affordable price that will improve health service delivery even in rural areas.	
Outcome 5.1	CHAL member facilities have quality drugs available at primary care level that are supplied by the DSU	5 indicator drugs/products are available at CHAL primary care facilities at least 90% of the time of supervisory visits.
Outcome 5.2	Drug revolving funds are established at further three CHAL hospitals and/or major health centres that ensure continuous availability of quality drugs	Existing and new DRFs replenish their drug supply on a regular basis from the DSU based on regular sales reports
Output 5.3	CHAL DRF model is accepted by MoH and implemented in the country	At least 5 DRFs (non CHAL members) based on the CHAL model are established by end of 2025
Output 5.4	The “Minilab” in Gbarnga is a recognised institution for the discovery of substandard and falsified drugs in rural Liberia	100 tests/year are conducted at the Minilab in Gbarnga, and positive results are reported to the LMHRA ¹⁶

Programmes and Governance

13. Governance Structures and Roles of the Board for CHAL

As CHAL moves into the next phase of its strategic development with the aim of becoming a sustainable organisation, it is also important to review governance structures and the role of the Board.

It was excellent that 4 Board Members attended the strategic workshop and many more took the time to answer the questionnaires. Results are summarised in the Annex.

Following the strategy workshop, a meeting was held with the leadership team and Board Members on issues around governance and the role of the Board.

A new organogram was developed. The role of the Board is important as the Board supervises the Executive Director and her management team. In order to ensure a high degree of accountability, it was decided that the position of the finance manager will include the responsibility of compliance. The person will be accountable to the ED but also to the Board.

¹⁶ LMHRA: Liberian medical and Health product regulatory Authority

The suggestion was made to create a small executive team among the Board Members who will work with the ED very closely and undertake an active role in governance and accountability. This team should comprise of the president of the Board and 2 members who bring the technical expertise in finance and health in order to support the ED and her management team between Board meetings. Terms of reference for this executive team will need to be drawn up. This will allow a very high degree of transparency and accountability.

The Board should also support the ED and her management team in terms of soliciting support for CHAL. This includes the access to grants as well as in the area of local fundraising. In this respect, the Board can play an active role that will strengthen CHAL leading to new funds that can also strengthen the member facilities, improving access to drugs and addressing health needs as identified by the member facilities.

The new organogram and the newly assigned roles for the finance management, programme management and other responsibilities will need to be enacted during the AGM in April 2022.

14. Programmatic priorities for CHAL

At present, CHAL is implementing a large project funded by Bread for the World. This project focusses on maternal, neonatal, child, adolescent and reproductive health both at facility level and community level. The CFOs are involved in the implementation and 20 member facilities are benefiting from this programme.

In addition, Difäm is supporting the DSU with an emphasis on strengthening the management of the DSU as well as the quality of dispensing of drugs at facility level as well as the e-learning programme. Unfortunately, another project funded through CCIH and USAID was stopped after only 8 months due to reasons beyond the control of CHAL.

In the questionnaires and while talking to CFOs and the programme department, a number of thematic areas were highlighted. Access to quality drugs continues to be a high priority, the support of PHC activities and the involvement of communities as well as issues around maternal health, surgical emergencies but also issues around training and capacity building were mentioned in the questionnaires.

A meeting with the programme manager and the county field officers also revealed that training and the newly developed tool of e-learning are very helpful and should be extended.

Beside the issue of maternal health in general, adolescent reproductive health in general and teenage pregnancy specifically have a very high priority, both in terms of management and prevention. Following the Covid-19 pandemic, many young girls dropped out of school and the number of teenage mothers has increased dramatically. This is a reason for concern. The team suggested working more closely with communities and adolescents to address the problems and find solutions that will respond to local needs.

Another major issue is the problem of staff shortages and very fast turnover of trained staff at member facilities. CHAL should be looking into this issue and develop a strategy how the working environment for health workers, especially in rural areas, can be made more attractive in terms of living conditions, salary support and the perspective of further training and career development for young professionals. This requires a close collaboration with training schools but also with the MoH in terms of salary support for staff at FBO facilities.

Epidemic and pandemic preparedness is another issue that CHAL needs to keep in mind. Although at present there is no active Covid-19 wave, this may change and therefore efforts must continue to support vaccination programmes. Also recognising potential outbreaks especially in rural areas is of great importance and both health workers at facility as well as community level must be aware, what to look out for and how to report any suspected cases. Faith-based facilities and communities can play a crucial role and the close collaboration with County Health Teams and the MoH are important.

The programme office was encouraged to actually identify local health needs, develop appropriate responses and proposals with which they can attract funding for CHAL and strengthen their work.

Recommendations and conclusion

The Christian Health Association of Liberia is a recognised network for faith-based health service providers in Liberia. It has a long-standing history, especially in the procurement and distribution of drugs, but also in training and strengthening health care services in Liberia.

Over the past eight years, CHAL has gone through the Ebola epidemic (2014-16), started a process of institutional strengthening and the establishment of various projects in the area of maternal and child health, IPC and e-learning and developed a Drug Supply Unit for its member institutions in Monrovia and Gbarnga.

CHAL is, at present, a donor-dependent organisation, but is working towards more sustainability and an improved management system that will be able to respond to the needs of its members and be an advocate for improved quality of care on national and international level.

In order to strengthen these efforts, we have undertaken a participatory process to develop a new strategic framework that will increase organisational capacity, sustainability and especially develop the DSU into a unit that will be able to provide access to quality drugs for its member institutions.

Specifically CHAL will ensure that the following strategic objectives are achieved by 2025:

- 1. CHAL fulfils its mission of providing holistic care to the people of Liberia through an effective grants management system that supports its members at county level in improving quality of health care.***
- 2. CHAL is a recognised partner in health to the MoH, the Liberian Council of Churches and other partners through advocacy and networking at national, regional and international level***
- 3. CHAL has increased sustainability through internally generated funds of at least 15% of its administrative costs through an asset management system and local fundraising strategies***
- 4. The CHAL DSU is a recognised wholesaler in Liberia for quality essential medicines that effectively implements sales and services***
- 5. CHAL member facilities have quality drugs available at an affordable price that will improve health service delivery even in rural areas.***

In order to achieve these, CHAL will discuss this strategic framework at the next Annual General Meeting. Once these objectives are adopted, the necessary organisational adjustments will be made. This will include the development of a grants management team that will include a programme manager who will work closely with the programme team (field coordinator and county field officers) and in turn work with the finance manager to ensure that project funds are acquired implemented and reported in a timely manner.

It will also strengthen the DSU as wholesaler based on a viable business plan that can be implemented by the team. In addition, the programme team will be strengthened so that not only general health but also pharmaceutical projects can be implemented and improve the quality of care, specifically access to drugs at primary care level.

The Executive Director together with the Board will develop an implementation plan of this new strategic framework that can be followed up and regularly reported upon.

Once the AGM has adopted this plan, this should also be shared with stakeholders and also international donors, in order to attract interest and potential funding opportunities.

Difäm will continue to support CHAL in this process of transformation to more sustainability and is ready to give additional technical support.

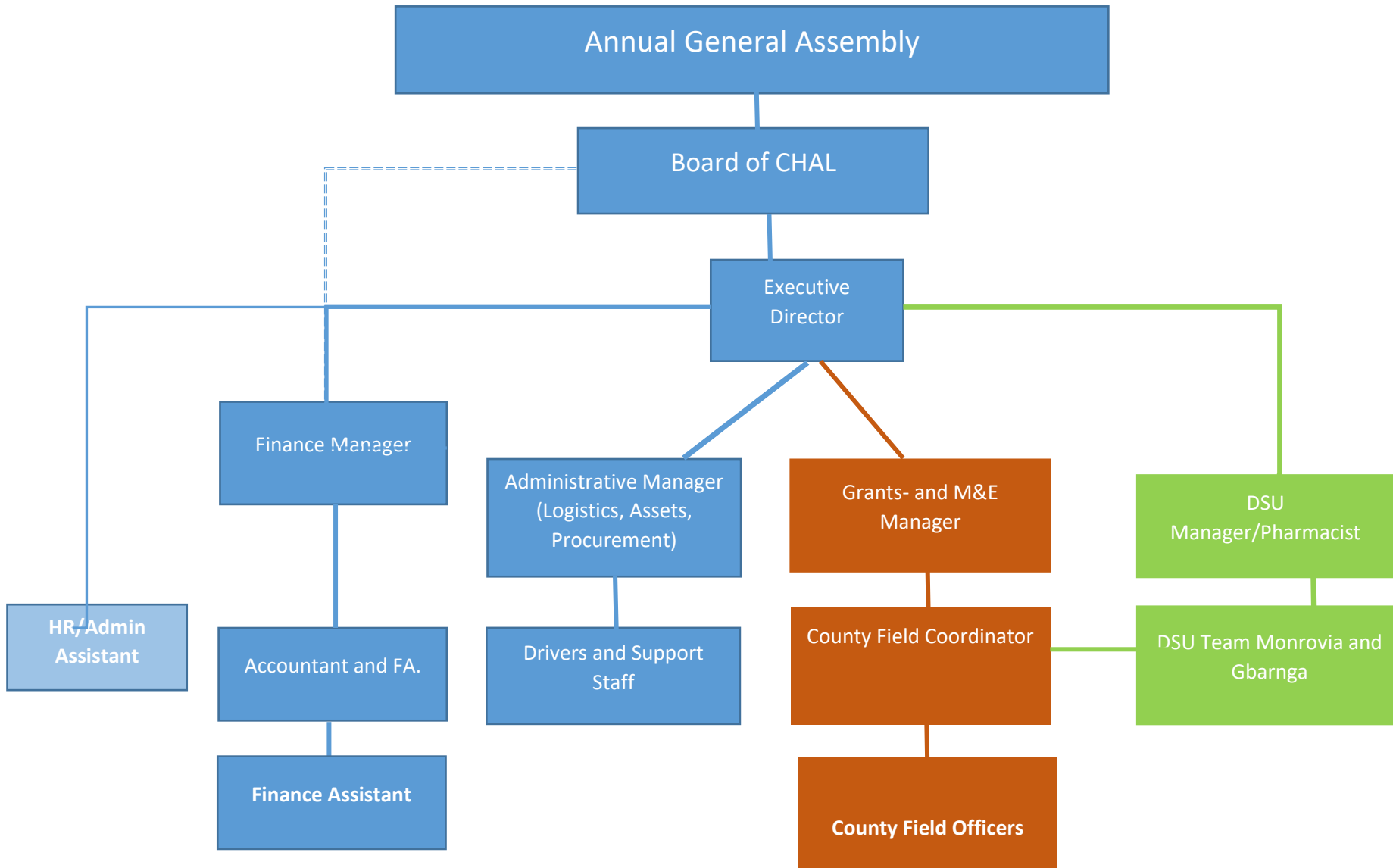
Annex

15. Timetable of the visit and workshop

	Wednesday 23	Thursday 24	Friday 25	Saturday 26	Sunday 27
08:00	Pick up Hotel	Pick up Hotel	7:00 pick up at the hotel	pick up hotel	
09:00	Staff Meeting	08:30 - 09:30 Logistics, Meeting with Clifford			
10:00	ED to review objectives	09:30 leave the office and meeting Deputy Ministry MoH	Meeting with DSU in Gbarnga		Preparation of WS
11:00	Meet PM Elija (10:30 - 12)	Meeting the Deputy Minister of Health			
11:30 - 1pm			Minilab at Phebe and MD at Phebe		
1:00 PM		Travel to "water in the desert" and Meet with LCC	Meet with the Arkroe Team at Gbarnga (H/C and Solar System)	Meeting with Gbarnga Team at Kpawee Falls and return to Monrovia	Meet with Kathryn Hauschild.
12:30 - 2pm	Meet with the Financial Consultant Mr. Johnson				
2.30 - 4pm	Meet with DSU	Travel to Gbarnga	FABM HC: BftW Project implementation		Preparation of WS
18:00		Meeting with Board President			
Results	Overview of present status	Overview of present finance status	Overview of present status DSU; implementation other projects		WS prepared

	Monday 28	Tuesday 29	Wednesday 30	Thursday 31	Friday 1
08:00	Workshop for strategic development			Pick up from Hotel	pick up hotel
09:00	Devotion and Introduction	Finalising the SO	PCR	Review framework with the team	Devotion
10:00	SWOT Analysis	Organisational Development: What are the steps needed to become a sustainable organisation?	Meeting with the Board of Directors	Review framework with the DSU	Next steps cleared
11:00					
11:30 - 1pm			Finalising the SO		
1:00 PM					
12:30 - 2pm		Indicators for the SP	DSU Meeting to see how business plan and strategy can be developed and aligned	Meeting with Finance Team to finalise reports and reporting	return to airport
2.30 - 4pm	Development of Strategic objectives	what does that mean for our present programmes?	Meeting with Maxwell George to finalise framework		
Results	Strategic Objectives clear	Implications on the organisation clear	Framework implications clear.	Finalising report and plan of action; Financial reports for Difam are complete	Consultancy Report

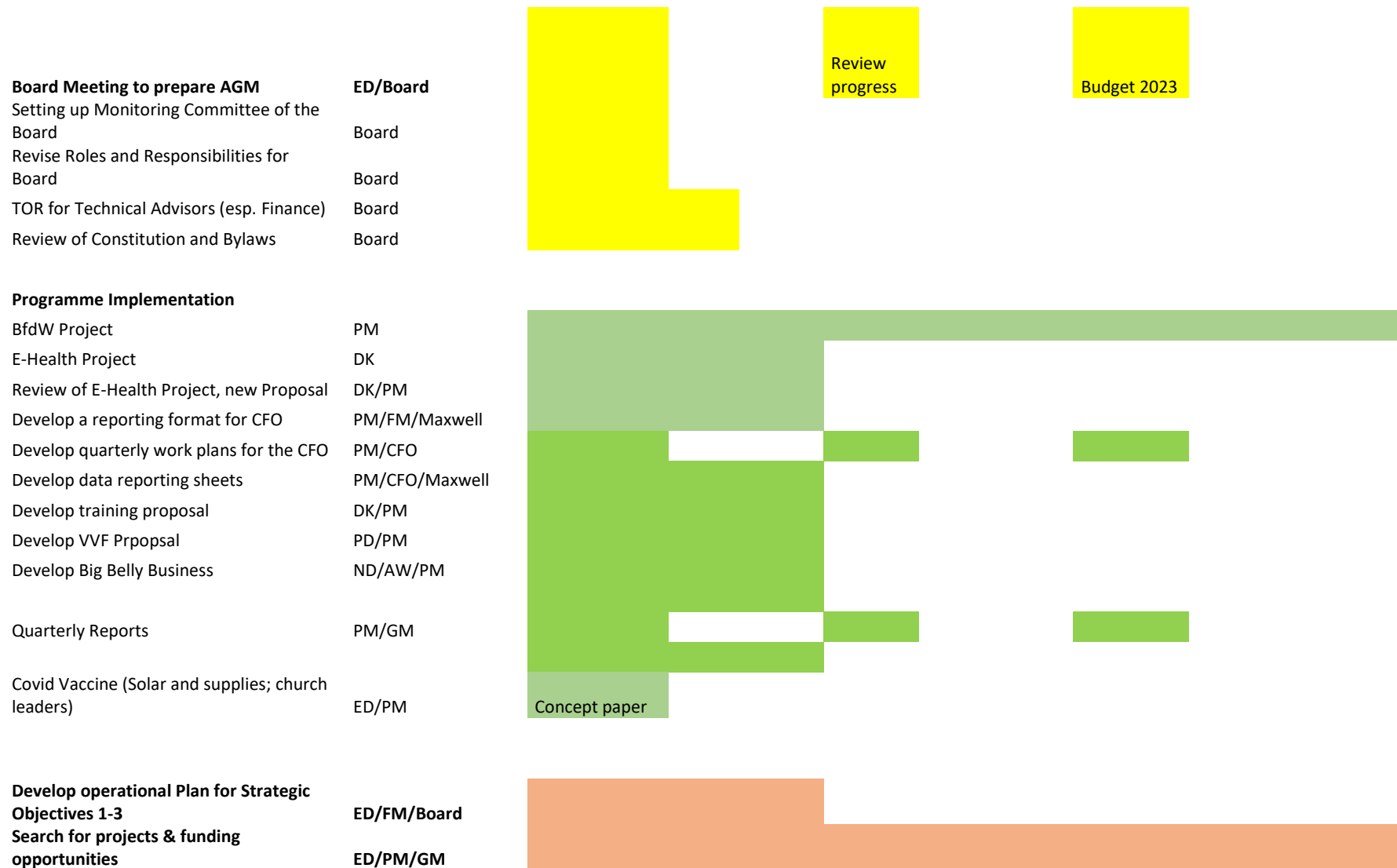
16. New Organigram of CHAL



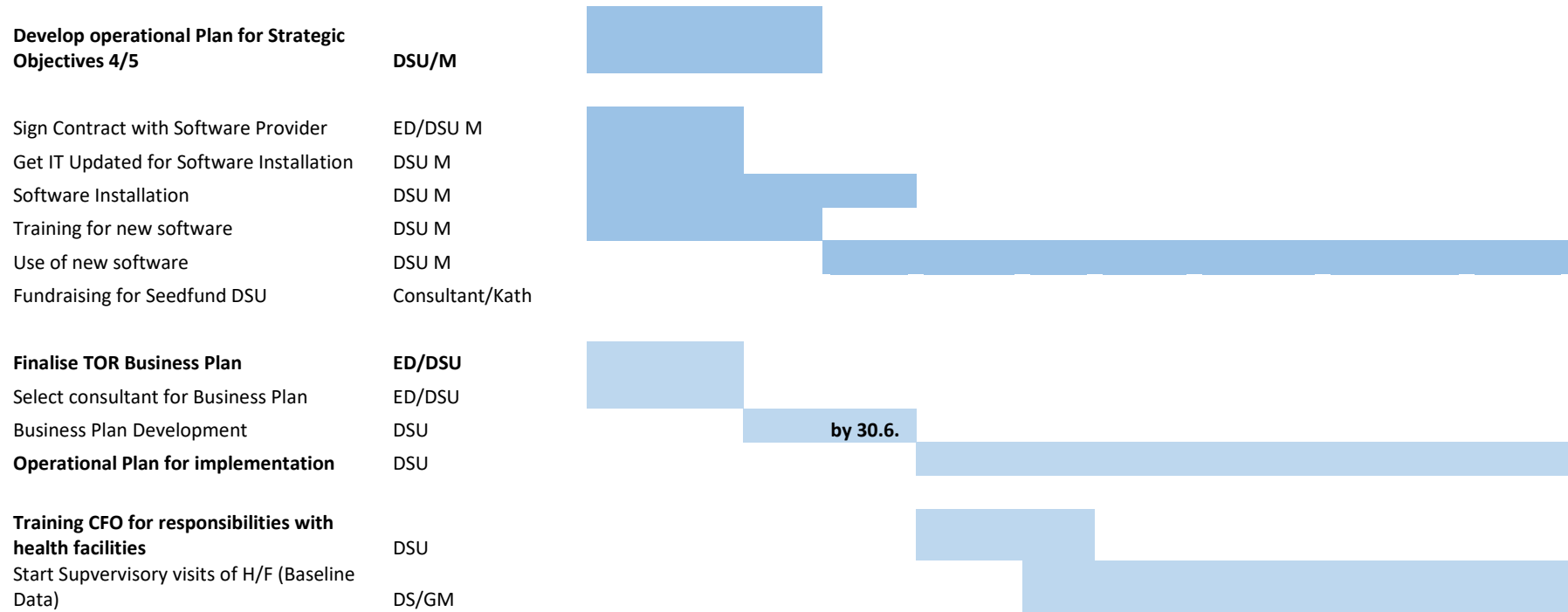
17. Timetable for Implementation

	Who will be resp?	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Complete Plan & Report	Consultant									
Endorsement of Strategic Plan	ED/Board	AGM								
CHAL Organisation										
Adapt Organigram	ED/Board									
Developing TOR Financial Manager	ED/FM									
Developing TOR Grants Manager	ED/FM									
Developing TOR Chief administrative officer (CAO)										
Developing TOR for County Field Officers	PM/DSU Man.									
Staff Appraisals	ED/Liz Mulbah									
Selection Finance Manager	ED/Board									
Selection Grants Manager	ED/Board									
Prepare annual report	ED/PM/FM									
Prepare institutional Audit	ED/PM/FM									
Prepare Budget 2022	FM/HJ									
ASSET Management										
Define Responsibilities for ASSET Management	ED/Board									
Land sale	Asset Manager									
Rent of CHAL premises	Asset Manager									
Review Assets and see what can be retrieved short, medium and long-term	Asset Manager									
Board Decisions on Assets	Board									
Implement Asset Management	Asset Manager									

Board



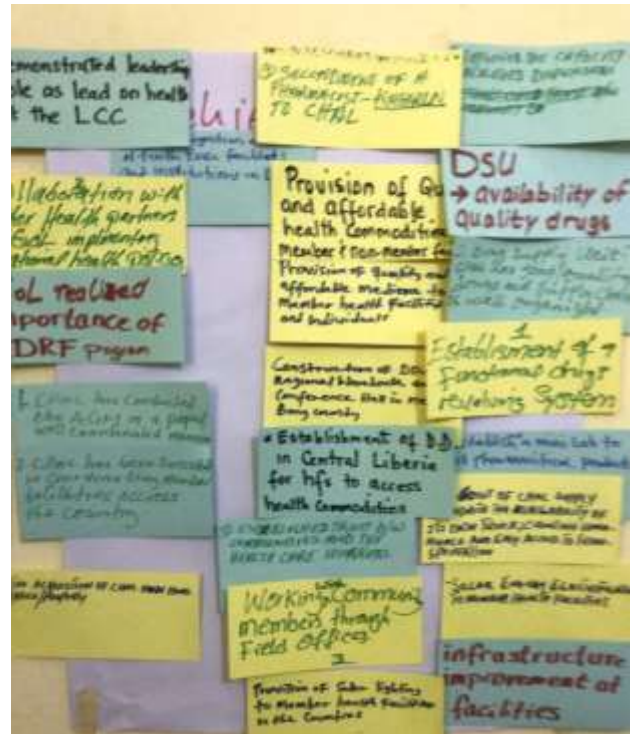
DSU



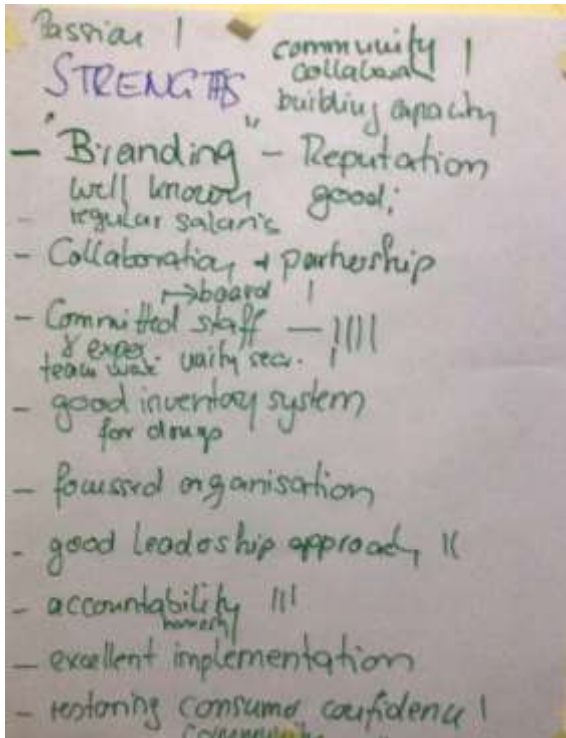
18. Details of the SWOT Analysis

What are the achievements of CHAL?

1. DSU Establishment
 1. Availability of quality drug
 2. Provision of health commodities
 3. Construction of DSU in Gbarnga
 4. Improving capacity of dispensers
2. Working at county level through Field officers
 1. Trust between communities and H/F
3. AGM regularly held and reports received
4. Collaboration with government
5. Demonstration of leadership
6. Recognition of government that CHAL is an important player

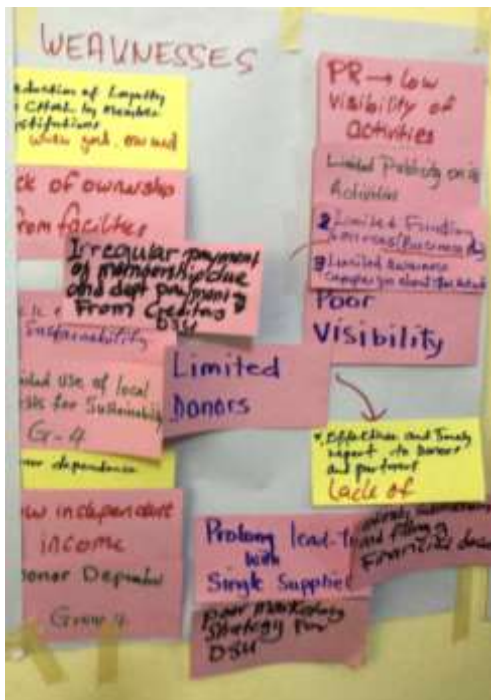


What are the strengths of CHAL?



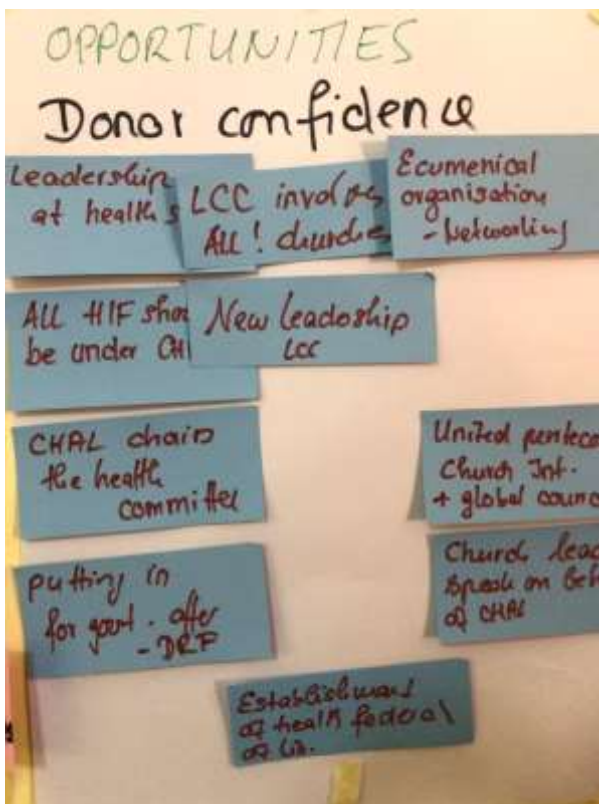
1. Branding and good reputation
 1. Well known organisation
2. Collaboration and partnership
3. Committed and experienced staff (4)
4. Experienced Board
5. Good leadership
6. Accountability, transparency
7. Honesty
8. Excellent implementation
9. Restoring consumer confidence
10. Restoring community confidence
11. Community collaboration
12. Passion for drugs
13. Building capacity

What are the weaknesses of CHAL?



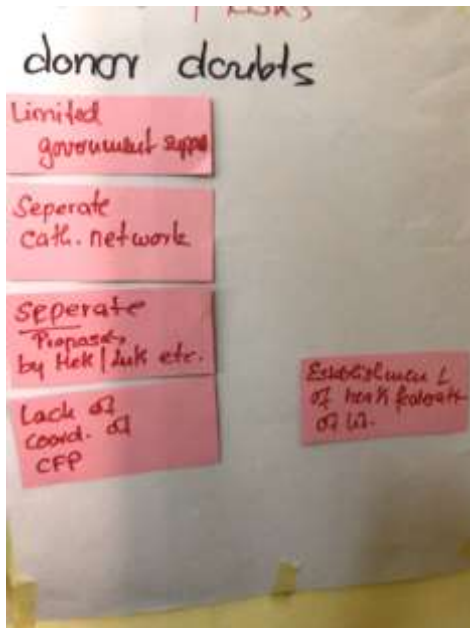
1. Poor visibility and publicity (Low PR): 4
2. Donor Dependency
 1. Single donor
 2. 98% donor dependency
 3. Limited use of local resources
3. Lack of ownership by member facilities (2)
4. Lack of timely reports to donors
5. Long lead times in getting rugs
6. Lack of financial management and no business plan

What are the opportunities for CHAL?



- Donor confidence
- Leadership as part of the health committee of LCC
- LCC has new leadership
- CHAL chairs the health committee of LCC
- Part of the ecumenical network
- Church leaders can speak out for CHAL
 - Methodist, Lutheran
 - United Pentecostal church
 - Global mission networks can be addressed
- Establishment of the health federation of Liberia
- MoH recognises CHAL experience with DSU & DRF
- Chance of putting in for proposals of DRF

What are threats for CHAL?



- Donor doubt and donor fatigue
- Dwindling international resources (War in Ukraine!)
- Separate Catholic network
- Separate networks of other churches
- Lack of coordination of Calls for Proposals (each congregation fighting for its own funds.
- Establishment of health federation of Liberia
 - ? Establishing their own DSU or DRF?

19. Results from Questionnaires

Questionnaires were sent out to member facilities and to Board Members, as to get their input into the strategic process. 12 of 40 member facilities answered the questionnaire:

What has CHAL achieved during the past 5 years? (Member Facilities; 1= neg; 5 = very positive)

Improvement of IPC at the health facility	4,4
Drug donations	4,3
DSU: Drug sales in Gbarnga	4,3
Drug Sales in Monrovia	4,3
Provision of PPE and other materials	4,1
CHAL advocates for our needs to the Ministry of Health	4,1
CHAL contributed to Corona response	4,1
Training for dispensers	3,8
CHAL opened ways for us to get in contact with Donors	3,8
Training for other health workers	3,6
CHAL represents us in the County health team	3,6
CHAL improved maternal care	3,5
Provision of other medical supplies	3,4
CHAL came for supervision to the facility	3,3
We send regular data of patients to CHAL	3,2
If yes, which category? What subject?	3
CHAL improved family planning	2,8

What do you see as strengths, weaknesses and opportunities for CHAL?

Strengths	Weakness	Suggestions for improvement
<u>Governance and supervision:</u>		
<ul style="list-style-type: none"> ✚ Governance Structure ✚ Advocacy role ✚ Regularly meeting with stakeholders ✚ Presence of Field Officer in County, representation in the county health team ✚ Community meetings ✚ Annual meetings 	<ul style="list-style-type: none"> ▪ Donor dependence. ▪ Limited local support ▪ Limited publicity about the activities of CHAL ▪ Lack of regular visit to member units ▪ Lack of supervision ▪ Less visitation of senior management to facilities ▪ Administrative support 	<ul style="list-style-type: none"> ✓ Keep applying for other Grants ✓ Improve publicity on CHAL activities ✓ Effective information dissemination ✓ Quarterly visit for supervision ✓ Supervision of health facility ✓ Improve visits of senior management to member facilities
<u>Human Resources and trainings:</u>		
<ul style="list-style-type: none"> ✚ Training and development of facility staff 	<ul style="list-style-type: none"> ▪ No information sharing with Medical Director ▪ No general performance appraiser or review for member facilities ▪ Poor training mechanism and lack of training in some thematic area ▪ No financial aid for volunteering staff 	<ul style="list-style-type: none"> ✓ Annual Health facility performance appraisal ✓ CHAL training of members facilities ✓ Prioritize capacity building ✓ Training of dispensers ✓ Compensate volunteering staff
<u>Values</u>		
<ul style="list-style-type: none"> ✚ Constant communication ✚ Honesty ✚ Transparency ✚ Relationship with health facilities ✚ Community engagement 		<ul style="list-style-type: none"> ✓ Work little harder on things they are already doing

Strengths	Weakness	Suggestions for improvement
<u>Supply and infrastructure</u>		
<ul style="list-style-type: none"> ✚ Establishment of the DSU ✚ Prompt delivery of equipments and supplies ✚ Providing solar panel and follow-up on the installation. 	<ul style="list-style-type: none"> ▪ Irregular supply of medicines and equipments ▪ Cost of medicine for member same as non-members ▪ Irregular supply and collection of HMIS ▪ Laboratory Supply 	<ul style="list-style-type: none"> ✓ Effective communication on delivery of drugs ✓ Reduce cost of medicine for members ✓ Include hand pump or water supply to facility ✓ improve on HMIS supply and data collection ✓ Laboratory supply ✓ Infrastructure development at greater skills (fencing, maternal waiting home etc).

3. What do you want CHAL to do that will really support your facility?

Area of support	Reason	Priority (Mittelwert)
Administrative support	*Relieve some burden financially and materially *Limited Government allotment to the facility *We are having issues with staff's attrition, because the intake at the clinic cannot meet up with staff's salaries. *To ensure data is accurate & if not monetary done	● 4,9
Primary health care activities in the community	*Limited logistics for community outreach activities *To improve the relationship between the facility and community *Needs to be more robust	● 4,7
Medical supplies (Consumables)	*Helping to ease medical needs *Inadequate support from government	● 4,5
Supervision of Drug store/dispenser	*Proper drugs store room management *Prevent over ordering & stock out *Upgrade efficiency *Want to improve the DRF Program	● 4,5
Getting government support for drugs	*To help us improve government supply chain *To help cut down the cost on drugs *To carry out health awareness	● 4,4
Training of Dispensers	*Will improve dispensary *Fill in gap for dispenser who has gone to school *Lack of pharmacy, improve RDF Program	● 4,3
Laboratory supply	*Microscope and others to test & analyze patients' samples. *No lab at the clinic	● 4,2
Getting support for infrastructure	*Provides adequate spaces for services *Peds ward is congested, no morgue, Drugs store is not spacious enough to hold all the pharmaceuticals	● 4,2
Medical equipment	*Some medical equipments are not available at clinic *Ultrasound Delivery beds *for easy health interventions	● 4,1
Getting government support for salaries	*enable staff retention *Some workers are paid with RDF money. Salary support will help protect RDF *To motivate staff	● 4,1
Drug supply	*Most of the essential Drugs are supplied by the Head office. *Irregular supply from Government *Timely medicine *Potency or drugs	● 4,0
Training of health workers	*Keep staff updated, improve performance	● 4,0
Getting government support for training	*To make us inclusive in all of their trainings, because we are all serving the same population. *No specialized trained staff in the facility *To build up the work force as some workers left	● 4,0
Supervision of health facility	*to identify gaps and provide needed support *To identify areas of priority for donors support For staff to be on course to provide proper care	● 3,6
Incinerator	*Needs a new Incenerator, because CHAL renovated it twice but it keeps cracking *Have a big incinerator that is still functional	● 2,9
Data collection, HMIS	*County Health Team is doing that *Accountability *Needs to be reinforced	● 2,7
Connection to the county health team	*To improve compliance and collaboration according to national standard *Timely, effective & accurate HMIS *Already with the County Health Team	● 2,7
Placenta Pit	*Almost full *Already have one newly dug pit *Improves hygienic system in the community	● 2,6
Toilettes	*Needed for Standardized care *Needs to be upgraded Have toilettes for now	● 2,3

4. Which thematic area for training and teaching should CHAL support you in?

Area of support	Reasons	Priority
Maternal Health	* To upgrade skills and to be in line with the present days practice. *Improve maternal Health Systems *We have few midwives	★ 4,9
Neonatal Health	*Lack or total absence of a trained person in this person *Upgrade skills in order to provide quality care	★ 4,8
Infectious diseases	*To keep staff on alert Enhance IPC Limited knowledge of the staff	★ 4,2
Surgical emergencies	*To identify. Know what to do and refer. Staff have limited knowledge	★ 4,0
Environmental health	*To help deal with environmental issues	☆ 3,6
Infection, Prevention, Control	*We have had sufficient training in this. Almost all the staff is trained To improve compliance and skills	☆ 3,4
Non-Communicable diseases	*Improve knowledge and skills *We are trained to detect NCDs	☆ 3,3
Antimicrobial Resistance and Stewardship	The E-Learning presentation was helpful To prevent poly pharmacy	☆ 3,3

20. Abbreviations

ACHAP	Africa Christian Health Association Platform
ACT Alliance	Acion by Churches together
AMS	Antimicrobial Stewardship
BftW	Bread for the World
CCIH	Connecting Christians working in International Health
CFO	County Field officer
CHAL	Christian Health Association of Liberia
CHT	County Health Team
CRS	Catholic Relief Services
Difäm	German Institute for Medical Mission
DRF	Drug revolving Fund
DSU	Drug supply Unit
ED	Executive Director
EPN	Ecumencial Pharmaceutical Network
ERP	Enterprise Resource Planning
FBO	Faith based organisation
H/C	Health Centre
H/F	Health Facility
HMIS	Health Management Information System
HSCC	Health Sector Coordinating Committee
IMA	IMA World Health
IPC	Infection, Prevention & Control
LBD	Liberian Dollar
LCC	Liberian Council of Churches
LMS	Logistics management system
MEAL	Monitoring, Evaluation, Accountability and Learning
MEDS	Mission for Essential Drugs Supplies
MNCARH	Maternal, neonatal, Child, adolescent reproductive Health
MoH	Ministry of Health
NCD	Non communicable diseases
PHC	Primary Health Care
WCC	World Council of Churches